Damaged Document(s)

| J. I. S. P. P. P. | - Committee of the Comm | | | | i San managan kabupatèn | |
|-------------------|--|------------------------|--------------------------------|---------------------------------|-------------------------------------|--|
| Ę | PLACE OF BIRTH | | | | 1989년 전 4 시간 (1987) : 18 | |
| 1 4 | 1. County of Gill | ARIZONA | STATE DE | | | |
| i i | District of | AMZONA | ONA STATE BOARD OF HEALTH | | | |
| Ě | Town of | BUREAU OF VITA | L STATISTICS | State Index No. | 157 | |
| ã • | OT 0 | IGINAL CERTIFIC | ATE OF BIRTH | County Registrar 1 | | |
| ŧ. | City of Stobe | | · | Local Registrar No | | |
| | 8,000 | rth occurred in a bosp | ital or institution se | ve its NAME instead of s | | |
| , 1016 | 2. Full name of thild Carla Cile | n Rerki | ns | To about to and | treet and num | |
| 101 | 3. Sex of Child To be answered ONLY) 4. | Testa del V | | If child is not supplemental re | yet named, nort, as dire | |
| 9 | in event of plural | Twin, triplet or other | | 7. Date 2 - / | | |
| | Thusle 5. | No., in order of birth | yes. | of birth | 6-29 | |
| | 8. FATHER | 14. | 1 | | Day Yea | |
| | Fall name Carl Henry Pers | Pall Pall | maiden name | MOTHER | | |
| 1 | 9. Residence | ins " | mainen name Ler | me Eester | 11 | |
| stated. | (Usual place of abode) | ر 15. | Residence | 61.0 | igniger Descriptions | |
| | If nonresident, give place and state | irona | (Usual place of abo | \ | | |
| rder of birth | 10. Color or race | V 11 | If nonresident, give p | lace and state | 2075 | |
| 8 | White | _ li | Color or race | 1 | 7 | |
| order | tl. Age at last birth | y 23 (Years) | white | 17. Age at last birthd | 22 | |
| 9 | 12. Birthplace (city or place) (State or country) (State or country) | | | | | |
| | | | 18. Birthplace (city or place) | | | |
| | 13. Occupation | | (State or country) | - Hya- | <u> </u> | |
| | Nature of industry | 11 | Occupation | | . – | |
| | 26. Number of children of this mother | !! | Nature of industry | House | 10. | |
| | (Taken as of time of birth of child herein certified and including this child.) (Stillborn (a) Born alive and now living 2 (21. Were precautions taken against oph-thalmiz neonatorum? | | | | | |
| . | certified and including this child.) (c) Still | orn | U | miz neonatorum? | | |
| | I hereby certify that I attended the birth of this child | | | | | |
| | *When there was no attack on the date shows that | | | | | |
| | etc., should make this return A still | re | CAN OF A | , | ANOTE SIRI | |
| | child is one that neither breathes nor shows | | | (Physician or midwife) | | |
| | iven name added from |) | Tlob | aringin | a | |
|] a | supplemental report | Filed 3 | 20 1924 | FA. M. Com | | |
| - | Month, day, year. | Filed 4 | (1) | Local Local | Registrar. | |
| H | Registrar. | r neg | 19.24 | 17577 1105 | Registrar. | |
| | . / | A 22 12 | ف بد دسمو | County | referrat. | |
| | . 9 | 2-31 | | | 1 | |